BANKERS LIFE AND CASUALTY COMPANY

GR-N340

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum P	olicy Benefit A	Amounts		Elimination I	Periods		
✓ 1 Yr. ✓ 5 Yrs. ✓ Important C 2920 days is equi	✓ 2 Yrs. ✓ 6 Yrs. ompany Notes:	✓ 3 Yrs.☐ 7 Yrs.	✓ 4 Yrs.✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days		TYPE ☐ Calendar Day ✓ Service Day	
2020 dayo 10 oqui	vaioni to o youro.			Inflation Pro	tection		
				 ✓ 5% Compound ✓ Guaranteed Purchase Option ✓ 5% Simple ✓ Important Company Notes 			
Nursing Hon	ne Daily Bene	fit Amounts		Also availble are 3	3% and 4% compound infl	ation options The	
\$40 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. per day per week per month			-	Maximum Daily Benefit Amount and the Maximum Benefit Amount per claim episode are increased each policy anniversary by the selected inflation option without regard to claims paid. Premiums remain level.			
☐ Not Availab	le						
☐ Important Company Notes:				Residential Care Facility Daily Benefit Amounts			
				Represents the percentage of the Nursing Home Daily Benefit Amount. □ 80% □ 75% □ 100% □ 90% □ 100% □ Important Company Notes			

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	oolicy benefit	3 year maximu	ım policy benefit	Lifetime	e benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$284	\$777	\$258	\$708	\$386	\$1,147
55	\$374	\$999	\$341	\$910	\$514	\$1,456
60	\$550	\$1,332	\$501	\$1,213	\$755	\$1,930
65	\$868	\$1,845	\$790	\$1,681	\$1,189	\$2,664
70	\$1,469	\$2,698	\$1,338	\$2,458	\$2,024	\$3,894
75	\$2,517	\$4,047	\$2,294	\$3,687	\$3,422	\$5,725
80	\$4,128	\$6,161	\$3,761	\$5,614	Not Available	Not Available

BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

BG02P(06/04)-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods				
☐ 1 Yr.✓ 5 Yrs.☐ Important C	☐ 2 Yrs. ☐ 6 Yrs. Company Notes:	✓ 3 Yrs.	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	☐ 60 days☑ 90 days☐ 100 days	TYPE ✓ Calendar Day □ Service Day		
				Inflation Protection				
\$50 minimum	me Daily Bene to \$300 maximu rements of \$10. per week		_		Important Important Inniversary, the daily beneamount payable is increas			
☐ Important Company Notes:				Residential Care Facility Daily Benefit Amounts				
				Represents the Benefit Amount ✓ 100% ☐ 70%	e percentage of the N t.	0%		

Waiver of Premium

Premiums due for the policy and any attached riders are waived after satisfaction of a 90 day waiting period for facility confinement. Any unearned premium is refuned on a pro-rata basis, including premiums paid during the 90-day waiting period. Premiums are waived until facility confinement ends.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	oolicy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$288	\$791	\$250	\$688	\$417	\$1,147
55	\$388	\$970	\$337	\$844	\$562	\$1,406
60	\$557	\$1,254	\$485	\$1,090	\$808	\$1,817
65	\$859	\$1,707	\$747	\$1,493	\$1,244	\$2,488
70	\$1,395	\$2,441	\$1,213	\$2,123	\$2,022	\$3,538
75	\$2,359	\$3,774	\$2,051	\$3,281	\$3,418	\$5,469
80	\$3,869	\$5,804	\$3,364	\$5,047	\$5,607	\$8,411

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

MM-401-P-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts	Elimination Perio	ods			
☐ 1 Yr. ☐ 2 Yrs. ☑ 3 Yrs. ☑ 4 Yr ☑ 5 Yrs. ☑ 6 Yrs. ☐ 7 Yrs. ☑ Life ☐ Important Company Notes: 10 year plan is also available.	☐ 20 days	60 days 90 days 100 days	TYPE ✓ Calendar Day ✓ Service Day		
, so you plan to also a analysis	Inflation Protect	tion			
	✓ 5% Compound ☐ Guaranteed Purchase Option ☐ Important Company Notes				
Nursing Home Daily Benefit Amounts		Compound - On each policy anniversary, daily/monthly benefit amounts, as well as remaining benefit amount payable is increased by			
\$50 minimum to \$300 maximum per [day, week or moffered in increments of \$10. ✓ per day ☐ per week ☐ per month	5% compounded annually. Simple - On each policy anniversary, the daily/monthly benefit amounts, as well as the remaining benefit amount payable is increased by 5% of the original dollar amount issued.				
☐ Not Available					
☐ Important Company Notes:	Residential Care	Residential Care Facility Daily Benefit Amounts			
	Represents the percentage of the Nursing Home Daily Benefit Amount. 80% 75% 100% 90% Important Company Notes				

Waiver of Premium

Premiums due for the policy and any attached riders are waived after satisfaction of a 90 calendar day waiting period for facility confinement. Any unearned premium is refunded on a pro-rata basis. Premiums are waived until facility confinement ends. (7 calendar days counted for one or more days of confinement during a 7-day period)

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	oolicy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$304	\$837	\$265	\$728	\$420	\$1,155
55	\$370	\$924	\$321	\$803	\$510	\$1,275
60	\$522	\$1,174	\$454	\$1,021	\$720	\$1,620
65	\$717	\$1,435	\$624	\$1,247	\$990	\$1,980
70	\$1,174	\$2,054	\$1,021	\$1,786	\$1,620	\$2,835
75	\$1,956	\$3,130	\$1,701	\$2,722	\$2,700	\$4,320
80	\$3,391	\$5,086	\$2,948	\$4,423	\$4,680	\$7,020

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts	Elimination Periods
 □ 1 Yr. □ 2 Yrs. □ 3 Yrs. □ 4 Yrs. □ 5 Yrs. □ 6 Yrs. □ 7 Yrs. ☑ Lifetime □ Important Company Notes: 	□ 0 days ☑ 60 days □ 20 days ☑ 90 days ☑ 30 days ☐ 100 days TYPE Calendar Day Service Day
	Inflation Protection
Nursing Home Daily Benefit Amounts \$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10. □ per day □ per week ☑ per month □ Not Available	✓ 5% Compound ☐ Guaranteed Purchase Option ☐ 5% Simple ☐ Important Company Notes 2 options for compound - No maximum and 2x initial benefit amount 5% simple: 5% of initial benefit amount is added annually at the anniversary date. 5% Comp. No max: The benefit amount is increased 5% annually at the anniversary date. 5% Comp. 2 max: The benefit amount is increased 5% annually at the anniversary date until the benefit amount is twice the initial amount.
☐ Important Company Notes:	Residential Care Facility Daily Benefit Amounts
poa	Represents the percentage of the Nursing Home Daily Benefit Amount. 80% 75% 100% 90% 100% Important Company Notes

Waiver of Premium

premium waiver takes effect the day after the date the elimination period is met. It ends on the date the policyholder is no longer benefit eligible.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	oolicy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$348	\$561	\$303	\$488	\$550	\$956
55	\$474	\$775	\$413	\$674	\$756	\$1,299
60	\$705	\$1,147	\$613	\$998	\$1,097	\$1,888
65	\$1,049	\$1,688	\$912	\$1,468	\$1,632	\$2,793
70	\$1,630	\$2,571	\$1,418	\$2,198	\$2,513	\$4,223
75	\$2,855	\$4,149	\$2,483	\$3,608	\$4,433	\$7,088
80	\$4,488	\$5,987	\$3,902	\$5,206	Not Available	\$0

METROPOLITAN LIFE INSURANCE COMPANY

LTC2-FAC-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods			
□ 1 Yr.	✓ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	\square 0 days	\square 60 days	TYPE	
✓ 5 Yrs.	☐ 6 Yrs.	✓ 7 Yrs.	✓ Lifetime	✓ 20 days	☐ 90 days	\square Calendar Day	
•	company Notes:			\square 30 days	✓ 100 days	✓ Service Day	
730, 1095, 1460, Daily Benefit.	1825, 2555 (No. of d	ays) times the Nui	rsing Facility	Inflation Pro	tection		
				✓ 5% Compou ✓ 5% Simple	ed Purchase Option Company Notes		
Nursing Hor	ne Daily Bene	fit Amounts		_ 0,0 Giiiipio		Company Notes	
\$90 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.							
✓ per day	□ per week	per month					
	le			5	0	D (1) A	
☐ Important C	ompany Notes:			Residential Care Facility Daily Benefit Amounts			
·	, ,			Represents the Benefit Amount 100% 70%	percentage of the Nt.	0%	

Waiver of Premium

Takes effect upon benefit eligibility(after elimination period is satisfied)

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

20* Day Elimination Period.			100** Day Elimination Period.		100** Day Elimination Period.	
3 ye	ear maximum p	oolicy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$445	\$1,140	\$387	\$991	\$733	\$2,061
55	\$486	\$1,231	\$422	\$1,070	\$816	\$2,235
60	\$690	\$1,538	\$600	\$1,338	\$1,152	\$2,860
65	\$1,035	\$2,084	\$900	\$1,893	\$1,734	\$3,814
70	\$1,726	\$3,155	\$1,501	\$2,744	\$2,876	\$5,514
75	\$3,084	\$5,098	\$2,681	\$4,433	\$5,033	\$8,578
80	\$5,246	\$8,092	\$4,562	\$7,036	\$8,346	\$13,175

MINNESOTA LIFE INSURANCE COMPANY

ML7501P-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts	Elimination Periods				
 ☐ 1 Yr. ☑ 2 Yrs. ☑ 3 Yrs. ☐ 4 Yrs. ☑ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☑ Lifetime ☐ Important Company Notes: 	 ✓ 0 days ☐ 20 days ✓ 90 days ✓ Calendar Day ✓ 30 days ☐ 100 days ☐ Service Day 				
	Inflation Protection				
Nursing Home Daily Benefit Amounts	✓ 5% Compound ☐ Guaranteed Purchase Option ✓ 5% Simple ☐ Important Company Notes Simple Inflation: On each policy anniversary, the daily benefit				
\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10. ✓ per day ☐ per week ☐ per month	amounts, as well as the remaining benefit amount payable is increased by 5% of the original dollar amount issued. Compound Inflation:On each policy anniversary, daily benefit amounts, as well as remaining benefit amount payable is increased by 5% compounded annually.				
☐ Not Available					
☐ Important Company Notes:	Residential Care Facility Daily Benefit Amounts				
	Represents the percentage of the Nursing Home Daily Benefit Amount. □ 80% □ 75% ☑ 100% □ 90% □ 70% □ Important Company Notes				

Waiver of Premium

Premiums for the policy and attached riders will be waived after confinement in a nursing/residential facility for a period of 90 days. Any unearned premium is refunded on a pro-rata basis. Premiums are waived until facility confinement ends.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	oolicy benefit	3 year maximu	m policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$366	\$1,099	\$305	\$915	\$484	\$1,453
55	\$458	\$1,190	\$381	\$992	\$606	\$1,574
60	\$610	\$1,434	\$509	\$1,195	\$807	\$1,897
65	\$915	\$1,831	\$763	\$1,526	\$1,211	\$2,422
70	\$1,404	\$2,386	\$1,170	\$1,989	\$1,857	\$3,157
75	\$2,563	\$3,845	\$2,136	\$3,204	\$3,391	\$5,086
80	\$3,967	\$5,752	\$3,306	\$4,794	\$5,247	\$7,609

NEW YORK LIFE INSURANCE COMPANY

INH-5000(CA)(1001)

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum	Policy Benefit	Amounts		Elimination	Periods				
☐ 1 Yr.	✓ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	\square 0 days	\square 60 days	TYPE			
✓ 5 Yrs.	☐ 6 Yrs.	✓ 7 Yrs.	Lifetime	✓ 20 days		☐ Calendar Day			
•	Company Notes			\square 30 days	\square 100 days	Service Day			
), 1825, 2555 or 3650 enefit. 10 Yrs. Plan is	• ,	es the Nursing	Inflation Protection					
				✓ 5% Compo		teed Purchase Option Int Company Notes			
Nursing Ho	Nursing Home Daily Benefit Amounts				There are 7 automatic annual inflation protection options: Simple 1%,				
	n to \$400 maxim	um per [day, v	veek or month]	Simple 2%, Simple 3%, Simple 4%, Simple 5%, Simple 6% and Compound 5%. There are 3 Guranteed Purchase Options: CPI-U, CPI-U + 1 and CPI-U +2. With the CPI-U Guaranteed Purchase					
✓ per day	crements of \$1.	per mont	:h	option, the policy	owner receives annual c	offers to increase his benefits			
□ Not Availa	•	_,		proportionally to the increase in the CPI-U over the past year (september last year to september 2 years prior). The increase in					
☐ Important Company Notes:				Residential Care Facility Daily Benefit Amounts					
·	. ,			Benefit Amour ✓ 100%	nt	e Nursing Home Daily ☐ 80% ☐ 75%			
				□ 70%		npany Notes			

Waiver of Premium

Premiums will be waived beginning on the first day that benefits are payable after the Waiting Period has been satisfied. Premiums will continue to be waived until no benefits are payable for 30 consecutive days.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 y	/ear maximum p	oolicy benefit	3 year maximu	ım policy benefit	Lifetime	e benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$314	\$981	\$215	\$672	\$366	\$1,189
55	\$476	\$1,310	\$326	\$897	\$552	\$1,581
60	\$651	\$1,588	\$446	\$1,088	\$750	\$1,905
65	\$965	\$2,050	\$661	\$1,404	\$1,104	\$2,441
70	\$1,496	\$2,758	\$1,025	\$1,889	\$1,697	\$3,273
75	\$2,468	\$4,006	\$1,690	\$2,744	\$2,794	\$4,742
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

PENN TREATY NETWORK AMERICA LIFE INSURANCE COMP

SR2-P(CA)

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum P	Maximum Policy Benefit Amounts				Elimination Periods			
✓ 1 Yr. ☐ 5 Yrs. ☐ Important C	✓ 2 Yrs. ☐ 6 Yrs. company Notes:	☐ 3 Yrs. ☐ 7 Yrs.	☐ 4 Yrs. ☐ Lifetime	☐ 0 days ☐ 20 days ☐ 30 days	☐ 60 days☐ 90 days☑ 100 days	TYPE ☐ Calendar Day ✓ Service Day		
				Inflation Protection				
				✓ 5% Compo		ed Purchase Option Company Notes		
Nursing Hon	ne Daily Bene	fit Amounts		, , , , , , , , , , , , , , , , , , ,		Company Hotoc		
	to \$100 maximu ements of \$10. □ per week	m per [day, we ☐ per month	_					
☐ Not Availab	le							
☐ Important C	ompany Notes:			Residential (Care Facility Daily	/ Benefit Amounts		
				Represents the Benefit Amount 100%	e percentage of the N t.	0%		

None offerred with this policy.

Waiver of Premium

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	100 Day Elimina	tion Period.	100** Day Elimination Period.		100** Day Elimination Period.	
3 y	/ear maximum p	oolicy benefit	3 year maximu	ım policy benefit	Lifetime	e benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	Not Available	\$580	\$1,020	Not Available	Not Available
55	Not Available	Not Available	\$770	\$1,360	Not Available	Not Available
60	Not Available	Not Available	\$970	\$1,710	Not Available	Not Available
65	Not Available	Not Available	\$1,540	\$2,640	Not Available	Not Available
70	Not Available	Not Available	\$2,820	\$4,530	Not Available	Not Available
75	Not Available	Not Available	\$5,010	\$7,320	Not Available	Not Available
80	Not Available	Not Available	\$9,000	\$11,740	Not Available	Not Available

PHYSICIANS MUTUAL INSURANCE COMPANY

P148CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum F	laximum Policy Benefit Amounts				Elimination Periods				
•	✓ 2 Yrs. ☐ 6 Yrs. Company Notes: Benefit is monthly s		✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	 ✓ 60 days ✓ 90 days ☐ 100 days	TYPE ✓ Calendar Day ✓ Service Day			
	Benefit Period selec			Inflation Pro	otection				
\$900 minimu	me Daily Bene m to \$9000 maxi d in increments o per week	mum per [day,	week or		☐ Important Important Impound capped at 2 x molecular Care Benefit & remains	ed Purchase Option Company Notes nthly benefit originally ning Maximum Benefit are			
☐ Important C	Company Notes:			Residential	Care Facility Dail	y Benefit Amounts			
				Represents the Benefit Amoun ✓ 100% ☐ 70%	e percentage of the Nt.	30%			

Waiver of Premium

We waive premium after 90 service days.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	oolicy benefit	3 year maximu	ım policy benefit	Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$409	\$1,095	\$349	\$936	\$572	\$1,797
55	\$516	\$1,281	\$441	\$1,095	\$724	\$2,091
60	\$696	\$1,601	\$595	\$1,369	\$976	\$2,556
65	\$1,007	\$2,055	\$861	\$1,756	\$1,411	\$3,302
70	\$1,634	\$2,990	\$1,397	\$2,556	\$2,290	\$4,556
75	\$2,878	\$4,777	\$2,460	\$4,083	\$4,032	\$7,056
80	\$4,198	\$6,507	\$3,588	\$5,562	\$5,882	\$9,412

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

LTC03

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum P	Maximum Policy Benefit Amounts				Elimination Periods			
☐ 1 Yr. ✓ 5 Yrs.	✓ 2 Yrs.✓ 6 Yrs.	☐ 3 Yrs. ☐ 7 Yrs.	☐ 4 Yrs. ✓ Lifetime	☐ 0 days ☑ 20 days	✓ 60 days✓ 90 days	TYPE ☐ Calendar Day		
	ompany Notes:	_ / 110.		✓ 30 days	☐ 100 days	✓ Service Day		
o, rana ro youro				Inflation Protection				
				✓ 5% Compou ✓ 5% Simple		ed Purchase Option Company Notes		
Nursing Hon	Nursing Home Daily Benefit Amounts			Also inflation protection based on the CPI.				
	to \$500 maximu ements of \$10. per week	m per [day, we ☐ per month	_					
☐ Not Availab	·	— ,						
✓ Important C	ompany Notes:			Residential (Care Facility Daily	Benefit Amounts		
Indemnity based b				Represents the Benefit Amount 100% 70%	percentage of the N	0%		

Waiver of Premium

After satisfaction of the Elimination period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$625	\$2,179	\$521	\$1,816	\$775	\$3,109
55	\$795	\$2,557	\$662	\$2,131	\$992	\$3,587
60	\$1,087	\$3,000	\$906	\$2,500	\$1,385	\$4,150
65	\$1,636	\$3,868	\$1,363	\$3,223	\$2,118	\$5,362
70	\$2,513	\$5,376	\$2,094	\$4,480	\$3,305	\$7,526
75	\$4,147	\$7,415	\$3,456	\$6,179	\$5,500	\$10,473
80	\$6,632	\$10,362	\$5,527	\$8,635	\$8,855	\$14,752

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

RLTC03

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum P	Maximum Policy Benefit Amounts				Elimination Periods			
☐ 1 Yr.	✓ 2 Yrs.	☐ 3 Yrs.	☐ 4 Yrs.	☐ 0 days	☑ 60 days	TYPE		
✓ 5 Yrs.	✓ 6 Yrs.	☐ 7 Yrs.	Lifetime	✓ 20 days	☑ 90 days	☐ Calendar Day		
✓ Important C 3, 4 and 10 years	ompany Notes:			✓ 30 days	☐ 100 days	✓ Service Day		
o, . a o you. o				Inflation Protection				
				✓ 5% Compou✓ 5% Simple		ed Purchase Option Company Notes		
Nursing Home Daily Benefit Amounts				Also inflation protection based on the CPI				
	to \$500 maximu ements of \$10.	m per [day, we ☐ per month	-					
☐ Not Availab	·							
_	ompany Notes:			Residential (Care Facility Daily	/ Benefit Amounts		
Reimbursement based benefit				Represents the percentage of the Nursing Home Daily Benefit Amount.				
				✓ 100%	□ 90%	070 - 7370		
				□ 70 %	☐ Important Compa	any Notes		

Waiver of Premium

After satisfaction of the Elimination period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$568	\$1,676	\$473	\$1,397	\$704	\$2,392
55	\$722	\$1,967	\$602	\$1,639	\$902	\$2,759
60	\$988	\$2,308	\$824	\$1,923	\$1,259	\$3,193
65	\$1,487	\$2,975	\$1,239	\$2,479	\$1,925	\$4,125
70	\$2,284	\$4,136	\$1,903	\$3,446	\$3,005	\$5,789
75	\$3,770	\$5,704	\$3,142	\$4,753	\$5,000	\$8,056
80	\$6,029	\$7,971	\$5,024	\$6,643	\$8,050	\$11,348

THE STATE LIFE INSURANCE COMPANY

S-6001-P-3-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum F	laximum Policy Benefit Amounts				Elimination Periods			
☐ 1 Yr.	☐ 2 Yrs.	✓ 3 Yrs.	☐ 4 Yrs.	✓ 0 days	☐ 60 days	TYPE		
✓ 5 Yrs.	☐ 6 Yrs.	\square 7 Yrs.	✓ Lifetime	☐ 20 days	☑ 90 days	☐ Calendar Day		
☐ Important (Company Notes:			✓ 30 days	☐ 100 days	✓ Service Day		
				Inflation Protection				
Nursing Home Daily Benefit Amounts				✓ 5% Compound✓ Guaranteed Purchase Option✓ 5% Simple✓ Important Company Notes				
Nursing Home Daily Benefit Amounts				Optional 5% simple increase rider, increases original daily benefit by 5% annually, optional 5% compound increase rider increases daily				
\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. per day per week per month			-	maximum by 5% coumpounded annually				
☐ Not Availab	ole							
☐ Important 0	Company Notes:			Residential (Care Facility Dail	y Benefit Amounts		
·	. ,			Represents the Benefit Amount 100% 70%	e percentage of the N t.	30% □ 75%		

Waiver of Premium

Provided after confinement in a nuring facility or residential care facility for a period of 90 days, days need not be consecutive.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	oolicy benefit	3 year maximu	ım policy benefit	Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$252	\$631	\$210	\$526	\$324	\$810
55	\$336	\$758	\$280	\$631	\$432	\$972
60	\$449	\$898	\$374	\$748	\$576	\$1,152
65	\$730	\$1,314	\$608	\$1,095	\$936	\$1,684
70	\$1,207	\$1,992	\$1,006	\$1,660	\$1,548	\$2,554
75	\$1,825	\$2,737	\$1,521	\$2,281	\$2,340	\$3,510
80	\$3,229	\$4,520	\$2,691	\$3,767	\$4,140	\$5,796

THE STATE LIFE INSURANCE COMPANY

S-9001-P-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit A		Elimination Periods					
☐ 1 Yr.	✓ 3 Yrs.	✓ 4 Yrs. ☐ Lifetime	✓ 0 days☐ 20 days✓ 30 days	☐ 60 days✓ 90 days☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day		
riadiaeriai re year period le dvanable			Inflation Protection				
Nursing Home Daily Bene	_	✓ 5% Compound ☐ Guaranteed Purchase Option ✓ 5% Simple ☐ Important Company Notes Simple Inflation: On each policy anniversary, the daily benefit					
\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10. Per day per week per month			amounts, as well as the remaining benefit amount payable is increased by 5% of the original dollar amount issued. Compound Inflation:On each policy anniversary, daily benefit amounts, as well as remaining benefit amount payable is increased by 5% compounded annually.				
☐ Not Available							
☐ Important Company Notes:			Residential Care Facility Daily Benefit Amounts				
				Represents the percentage of the Nursing Home Daily Benefit Amount. □ 80% □ 75% ☑ 100% □ 90% □ 100% □ Important Company Notes			

Waiver of Premium

Premiums for the policy and attached riders will be waived after confinement in a nursing/residential facility for a period of 90 days. Any unearned premium is refunded on a pro-rata basis. Premiums are waived until facility confinement ends.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.		90 Day Elim	ination Period.	90 Day Elimination Period.		
3 year maximum policy benefit		3 year maximum policy benefit		Lifetime benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$322	\$884	\$268	\$737	\$462	\$1,271
55	\$388	\$917	\$324	\$764	\$558	\$1,317
60	\$539	\$1,131	\$449	\$943	\$774	\$1,625
65	\$731	\$1,381	\$609	\$1,151	\$1,050	\$1,985
70	\$1,077	\$1,810	\$898	\$1,508	\$1,548	\$2,601
75	\$2,151	\$3,398	\$1,792	\$2,832	\$3,090	\$4,882
80	\$3,228	\$4,842	\$2,691	\$4,035	\$4,638	\$6,957

BANKERS LIFE AND CASUALTY COMPANY

GR-N370

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods			
✓ 1 Yr. ✓ 5 Yrs. ✓ Important C 2920 days is equi	✓ 2 Yrs. ✓ 6 Yrs. Company Notes:	✓ 3 Yrs.	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	 ✓ 60 days ✓ 90 days ☐ 100 days 	TYPE ☐ Calendar Day ✓ Service Day	
2920 days is equi	valent to 0 years			Inflation Protection			
				✓ 5% Compound✓ Guaranteed Purchase Option✓ 5% Simple✓ Important Company Notes			
Nursing Home Daily Benefit Amounts				Also available are 3% and 4% compound inflation options The Maximum Daily Benefit Amount and the Maximum Benefit Amount per claim episode are increased each policy anniversary by the selected inflation option without regard to claims paid. Premiums remain level.			
\$40 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. ✓ per day ☐ per week ☐ per month			-				
☐ Not Availab	le						
☐ Important Company Notes:				Residential Care Facility Daily Benefit Amounts			
1				Represents the percentage of the Nursing Home Daily Benefit Amount. ☐ 80% ☐ 75% ☐ 100% ☐ 90% ☐ 100% ☐ Important Company Notes			

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.		90 Day Elim	ination Period.	90 Day Elimination Period.		
3 year maximum policy benefit		3 year maximum policy benefit		Lifetime benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$289	\$792	\$264	\$722	\$393	\$1,170
55	\$382	\$1,019	\$348	\$928	\$524	\$1,485
60	\$561	\$1,358	\$511	\$1,237	\$770	\$1,969
65	\$885	\$1,882	\$806	\$1,715	\$1,213	\$2,717
70	\$1,498	\$2,752	\$1,365	\$2,507	\$2,065	\$3,972
75	\$2,568	\$4,128	\$2,340	\$3,761	\$3,490	\$5,840
80	\$4,210	\$6,284	\$3,836	\$5,726	Not Available	Not Available